Case 18-81710 Doc 1 Filed 08/10/18 Entered 08/10/18 14:41:34 Desc Main Document Page 1 of 56

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: | Identify Yourself | | |
|---|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| You | r full name | | |
| your pictu exar | government-issued ure identification (for mple, your driver's | Enza First name C | First name |
| licer | ise or passport). | Middle name | Middle name |
| Bring your picture identification to your meeting with the trustee. | | Hill Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| | | | |
| you num Indi | r Social Security aber or federal vidual Taxpayer tification number | xxx-xx-5433 | |
| | You Writt your pictt exar licer Bring iden mee | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | About Debtor 1: Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Hill Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number XXX-XX-5433 |

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Document Case number (if known) Debtor 1 Enza C Hill

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----|--|---|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | |
| | | | | | |
| 5. | Where you live | 1006 River Terrace Dr Johnsburg, IL 60051 | If Debtor 2 lives at a different address: | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | McHenry | 2 | | |
| | | County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

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Case number (if known) Debtor 1 Enza C Hill

| Par | t 2: Tell the Court About | our B | ankruptcy Ca | se | | | | | |
|-----|---|---|---------------|------------------------------------|---|---|---------|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | Chapter 7 | | | | | | | |
| | | □с | hapter 11 | | | | | | |
| | | □с | hapter 12 | | | | | | |
| | | □с | hapter 13 | | | | | | |
| | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | u may pay. Typ attorney is subr | ically, if you are paying the fee y | ck with the clerk's office in your local court for more rourself, you may pay with cash, cashier's check, o half, your attorney may pay with a credit card or che | r money | | |
| | | | | | tallments. If you choose this optos (Official Form 103A). | ion, sign and attach the Application for Individuals | to Pay | | |
| | | | I request tha | t my fee be wa | ived (You may request this opti- | on only if you are filing for Chapter 7. By law, a jud | | | |
| | | | | | | our income is less than 150% of the official poverty in installments). If you choose this option, you mus | | | |
| | | | | | | icial Form 103B) and file it with your petition. | | | |
| | | | | | | | | | |
| €. | Have you filed for bankruptcy within the | ■ No | | | | | | | |
| | last 8 years? | □ Ye | | | | | | | |
| | | | District | | | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | |
| | cases pending or being filed by a spouse who is | □ Y€ | | | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | ,,, | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your | ■ No | Go to I | ine 12. | | | | | |
| | residence? | — N. | | ur landlord ohta | ained an eviction judgment agair | ast vou? | | | |
| | | | ,s | No. Go to line | , , | • | | | |
| | | | | | | Judgment Against You (Form 101A) and file it as p | part of | | |
| | | | u | this bankruptcy | | | - 3 01 | | |

Case 18-81710 Doc 1 Filed 08/10/18 Entered 08/10/18 14:41:34 Desc Main Document Page 4 of 56 Case number (if known) Debtor 1 Enza C Hill Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Enza C Hill Document Page 5 of 56

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Enza C H | lill | | Document | Page 6 of 56 | Case number (if ki | nown) | | | |
|------|--|-----------|----------------------|--|---|--|---|--|--|--|
| Part | | | ons for R | eporting Purposes | | | | | | |
| | What kind of de you have? | | 16a. | | | | n 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | | □ No. Go to line 16b. | | | | | | |
| | | | | Yes. Go to line 17. | | | | | | |
| | | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | | ☐ No. Go to line 16c. | | | | | | |
| | | | | ☐ Yes. Go to line 17. | | | | | | |
| | | | 16c. | State the type of debts you owe that | at are not consumer deb | ots or business de | bts | | | |
| 17. | Are you filing un Chapter 7? | nder | □ No. | I am not filing under Chapter 7. Go | to line 18. | | | | | |
| | Do you estimate after any exemp property is excl | t | ■ Yes. | I am filing under Chapter 7. Do you are paid that funds will be available | | | is excluded and administrative expenses | | | |
| | administrative e are paid that fur | | | ■ No | | | | | | |
| | be available for distribution to u creditors? | | | Yes | | | | | | |
| 18. | How many Creditors do | | 1 -49 | | 1 ,000-5,000 | | □ 25,001-50,000 | | | |
| | you estimate the owe? | _ | □ 50-99 | | ☐ 5001-10,000 | | ☐ 50,001-100,000 | | | |
| | | | ☐ 100-1 ☐ 200-9 | | □ 10,001-25,000 | | ☐ More than100,000 | | | |
| 19. | How much do y | | □ \$0 - \$ | 50,000 | □ \$1,000,001 - \$10 m | nillion | □ \$500,000,001 - \$1 billion | | | |
| | estimate your as be worth? | ssets to | | 01 - \$100,000 | □ \$10,000,001 - \$50 □ \$50,000,001 - \$100 | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | | |
| | | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$100 □ \$100,000,001 - \$50 | | ☐ More than \$50 billion | | | |
| 20. | How much do y | | □ \$0 - \$ | | □ \$1,000,001 - \$10 m | | □ \$500,000,001 - \$1 billion | | | |
| | estimate your lia to be? | abilities | | 001 - \$100,000 | □ \$10,000,001 - \$50 □ \$50,000,001 - \$100 | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | | |
| | | | | 001 - \$500,000 001 - \$1 million | | □ \$100,000,001 - \$500 million □ More than \$50 billion | | | | |
| Part | 7: Sign Below | 1 | | | | | | | | |
| For | you | | I have ex | camined this petition, and I declare u | nder penalty of perjury | that the informatio | n provided is true and correct. | | | |
| | | | | chosen to file under Chapter 7, I am tates Code. I understand the relief a | | | er Chapter 7, 11,12, or 13 of title 11, eto proceed under Chapter 7. | | | |
| | | | | rney represents me and I did not pay tt, I have obtained and read the notic | | | attorney to help me fill out this | | | |
| | | | I request | relief in accordance with the chapte | r of title 11, United State | es Code, specified | I in this petition. | | | |
| | | | bankrupt and 3571 | l. | | | operty by fraud in connection with a , or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | | /s/ Enza Enza C | Hill | Signa | ture of Debtor 2 | | | | |
| | | | Signature | e of Debtor 1 | | | | | | |
| | | | Executed | August 10, 2018 MM / DD / YYYY | Execu | uted onMM / DD | 0 / VVVV | | | |
| | | | | ואוואו / טט / ז ז ז ז | | IVIIVI / DL | // IIII | | | |

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Debtor 1 Enza C Hill Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Laura D | olores Frye | Date | August 10, 2018 | |
|-----------------|------------------------|---------------|-----------------------|---|
| Signature of | Attorney for Debtor | | MM / DD / YYYY | |
| | | | | |
| Laura Dolo | ores Frye 6295019 | | | |
| Printed name | | | | |
| Antioch Le | egal, Ltd. | | | |
| Firm name | | | | - |
| 950 Main S | Street | | | |
| Antioch, IL | . 60002 | | | |
| Number, Street, | City, State & ZIP Code | | | |
| 0 | 947 939 4400 | - " " | Laura DEriva Matt mat | |
| Contact phone | 847-838-1100 | Email address | LauraDFrye@att.net | |
| 6295019 IL | • | | | |
| Bar number & St | ate | | | |

| | | Docume | ent Page 8 of 56 | |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Enza C Hill | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filling amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | ssets of what you own |
|----|--|-------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 165,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 34,902.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 199,902.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 333,035.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 5,000.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 62,742.00 |
| | Your total liabilities | \$ | 400,777.00 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,032.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,030.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Enza C Hill Document Page 9 of 56
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,928.70

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 5,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 5,000.00 |

| | Ca | ase 18-8171 | 0 Doc 1 | | 08/10/18 ument | Entered 08/10/ Page 10 of 56 | /18 14:41:34 | l De: | sc N | ⁄lain | |
|----------------------|--|---|---|--------------------------|---|--|--|-------------|-------|---|----|
| Fill | in this infor | mation to identify | your case and th | | | | | | | | |
| Deb | otor 1 | Enza C Hill First Name | Middle | e Name | | Last Name | | | | | |
| | otor 2 ouse, if filing) | First Name | Middle | e Name | | Last Name | | | | | |
| Uni | ted States Ba | ankruptcy Court for | the: NORTHER | N DIST | RICT OF ILLIN | IOIS | | | | | |
| Cas | se number _ | | | | | - | | | | Check if this is amended filing | an |
|) Of | ficial Fo | orm 106A/E | <u>3</u> | | | | | | | | |
| Sc | chedul | le A/B: Pi | roperty | | | | | | | 12/15 | , |
| hink nfor unsv | t it fits best. E mation. If mon wer every que | Be as complete and re space is needed, stion. | accurate as possibl attach a separate sl | le. If two heet to ti | married people nis form. On the | in asset fits in more than o e are filing together, both a e top of any additional pag | re equally respons | ible for su | pplyi | ng correct | u |
| | | | | | | | | | | | |
| | _ | , , | juitable interest in a | any resid | ence, building, | land, or similar property? | | | | | |
| | No. Go to Pa | | | | | | | | | | |
| | Yes. Where | is the property? | | | | | | | | | |
| | | | | | | | | | | | |
| 1.1 | | | | What | is the property | ? Check all that apply | | | | | |
| | | er Terrace Dr | | | Single-family h | nome | Do not deduct s | secured cla | ims o | r exemptions. Put | |
| | Street address, if available, or other description | | | | Duplex or mult | ti-unit building or cooperative | the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Prope | | | | |
| | Johnsbur | g IL | 60051-0000 | | Manufactured Land | or mobile home | Current value entire property | | | rent value of the tion you own? | |
| | City | State | ZIP Code | | Investment pro | operty | \$165,0 | 00.00 | | \$165,000.0 | 00 |
| | | | | | Timeshare Other | | | imple, ten | | wnership interest by the entireties, | |
| | | | | Who | has an interest Debtor 1 only | in the property? Check one | a ille estate), i | KIIOWII. | | | |
| | McHenry | | | | Debtor 2 only | | - | | | | |
| | County | | | | Debtor 1 and I | Debtor 2 only | ☐ Check if t | his is com | muni | ty property | |
| | | | | | | the debtors and another | (see instruct | | | , , , , , | |
| | | | | | r information yo erty identification | ou wish to add about this i on number: | tem, such as local | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$165,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1 **Enza C Hill** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Honda Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Pilot** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2003 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 215,000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$1,900.00 \$1,900.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Ford Who has an interest in the property? Check one 3.2 Make: the amount of any secured claims on Schedule D: Mustang Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2000 Year: Debtor 2 only Current value of the Current value of the 82,000 Approximate mileage: ☐ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$2,400.00 \$2,400.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Make: **Shore Station Boat Lift** Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ■ Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Year: Debtor 2 only Current value of the Current value of the entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$500.00 \$500.00 ☐ Check if this is community property (see instructions) 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$4,800.00 Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Furnishings and Appliances for 2 Bedroom home \$1,300.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe.....

Page 12 of 56

Case number (if known) Document Debtor 1 **Enza C Hill** \$300.00 Flat Screen TV and laptop 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

■ No

☐ Yes. Describe.....

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

□ No

Yes. Describe.....

\$500.00 AR -15

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

Yes. Describe.....

\$300.00 **Used Clothes and Shoes**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

□ No

Yes. Describe.....

\$300.00 watch and ring

13. Non-farm animals

Examples: Dogs, cats, birds, horses

□ No

Yes. Describe.....

1 Dog \$1.00

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,701.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Page 13 of 56
Case number (if known) Document Debtor 1 **Enza C Hill** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking Chase \$400.00 17.1. **Credit Union NGFCU - Account Frozen** \$0.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401K with Former Employer Northrop \$12,000.00 Grumman Pension Pension Account with Northrop Grumman -\$1.00 No Value Until Retirement 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

Case 18-81710

Doc 1

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Desc Main

page 4

| De | ebtor 1 | Enza C Hill | Document | Page 14 01 56 Case number (if known) |) | | | | |
|-----|---|---|--|--|---|--|--|--|--|
| 25. | Trusts | , equitable or future interests | in property (other than anythir | ng listed in line 1), and rights or powers ex | tercisable for your benefit | | | | |
| | _ | Give specific information about | them | | | | | | |
| 26. | 6. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No | | | | | | | | |
| | | Give specific information about | them | | | | | | |
| 27. | | es, franchises, and other gen bles: Building permits, exclusive | • | n holdings, liquor licenses, professional licen | ses | | | | |
| | _ | Give specific information about | them | | | | | | |
| M | oney or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | |
| 28. | | unds owed to you | | | · | | | | |
| | ■ No □ Yes. | Give specific information about | them, including whether you alre | eady filed the returns and the tax years | | | | | |
| 29. | Examp | support oles: Past due or lump sum alim | ony, spousal support, child supp | ort, maintenance, divorce settlement, propert | ry settlement | | | | |
| | ■ No □ Yes. | Give specific information | | | | | | | |
| 30. | | amounts someone owes you bles: Unpaid wages, disability in benefits; unpaid loans you | | nefits, sick pay, vacation pay, workers' compo | ensation, Social Security | | | | |
| | _ | Give specific information | | | | | | | |
| 31. | | ts in insurance policies bles: Health, disability, or life ins | urance; health savings account (| HSA); credit, homeowner's, or renter's insura | ance | | | | |
| | _ | Name the insurance company o Company | | Beneficiary: | Surrender or refund value: | | | | |
| | If you a some o | | rou from someone who has diest, expect proceeds from a life in | ed nsurance policy, or are currently entitled to re | ceive property because | | | | |
| | ப 163. | Give specific information | | | | | | | |
| 33. | | | r or not you have filed a lawsu putes, insurance claims, or right | it or made a demand for payment s to sue | | | | | |
| | Yes. | Describe each claim | | | | | | | |
| | | | Potential EEOC Complain Northrop Grumman | t against Former Employer | \$15,000.00 | | | | |
| | ■ No | | laims of every nature, includin | g counterclaims of the debtor and rights | to set off claims | | | | |
| | | Describe each claim | | | | | | | |
| 35. | Any fin | ancial assets you did not alre | eady list | | | | | | |

| | Case 18-81710 Doc 1 Filed 08/ | | | 8/10/18 14:41:34 | Desc Main |
|--------------|--|------------|------------------------|---------------------------|-------------------------|
| Deb | or 1 Enza C Hill | JIIL | Page 15 of | Case number (if known) | |
| Г | Yes. Give specific information | | | | |
| | Tros. Give specific informations. | | | , | |
| 36. | Add the dollar value of all of your entries from Part 4, incl | _ | | | \$27,401.00 |
| | 101 Fait 4. Write that number nere | | | | |
| Part | 5: Describe Any Business-Related Property You Own or Have an | Interest | In. List any real esta | ite in Part 1. | |
| 37. D | o you own or have any legal or equitable interest in any business | -related p | roperty? | | |
| | No. Go to Part 6. | | | | |
| | Yes. Go to line 38. | | | | |
| | | | | | |
| Part | 6: Describe Any Farm- and Commercial Fishing-Related Property | v You Ow | n or Have an Interes | et In | |
| · uit | If you own or have an interest in farmland, list it in Part 1. | | | | |
| 46. [| Do you own or have any legal or equitable interest in any f | arm- or | commercial fishir | g-related property? | |
| | No. Go to Part 7. | | | g | |
| | ☐ Yes. Go to line 47. | | | | |
| | | | | | |
| Part | 7: Describe All Property You Own or Have an Interest in Tha | at You Di | d Not List Above | | |
| F2 [| On the transfer of any line transfer at already | . lio42 | | | |
| | Do you have other property of any kind you did not already <i>Examples:</i> Season tickets, country club membership | / IISt ? | | | |
| | No | | | | |
| | Yes. Give specific information | | | | |
| - 4 | | | | i | 40.00 |
| 54. | Add the dollar value of all of your entries from Part 7. Wri | te that n | number nere | | \$0.00 |
| Part | List the Totals of Each Part of this Form | | | | |
| ı arı | List the Totals of Each Fait of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$165,000.00 |
| 56. | Part 2: Total vehicles, line 5 | _ | \$4,800.00 | | |
| | Part 3: Total personal and household items, line 15 | _ | \$2,701.00 | | |
| | Part 4: Total financial assets, line 36 | _ | \$27,401.00 | | |
| | Part 5: Total business-related property, line 45 Part 6: Total farm- and fishing-related property, line 52 | _ | \$0.00 | | |
| 60. 61. | | + | \$0.00 \$0.00 | | |
| 01. | . a.t property flot listed, line of | ' — | φυ.υυ | | |
| 62. | Total personal property. Add lines 56 through 61 | | \$34,902.00 | Copy personal property to | stal \$34,902.00 |
| 63 | Total of all property on Schedule A/B. Add line 55 + line 62 | , | | | \$199,902.00 |
| 50. | . Tim. T. dii proporty on contourie 775. Add into 00 1 into 02 | • | | | φ i 33,3U2.UU |

Official Form 106A/B Schedule A/B: Property page 6

| | | 17(1,111) | | | | | | |
|---|---|-------------------|-------------|--|--------------------------------------|--|--|--|
| Fill in this infor | Il in this information to identify your case: | | | | | | | |
| Debtor 1 | Enza C Hill | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 1006 River Terrace Dr Johnsburg, IL 60051 McHenry County | \$165,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2003 Honda Pilot 215,000 miles Line from Schedule A/B: 3.1 | \$1,900.00 | | \$1,599.00 | 735 ILCS 5/12-1001(b) |
| Zino nom ouveaute / v.Z. G. i | | | 100% of fair market value, up to any applicable statutory limit | |
| 2000 Ford Mustang 82,000 miles Line from Schedule A/B: 3.2 | \$2,400.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Ellio Holli Govedale 772. | | | 100% of fair market value, up to any applicable statutory limit | |
| Furnishings and Appliances for 2 Bedroom home | \$1,300.00 | | \$900.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Flat Screen TV and laptop Line from Schedule A/B: 7.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| Line from Scriedule AVD. 111 | | | 100% of fair market value, up to any applicable statutory limit | |

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| Debtor 1 | Enza C Hill | Enza C

| | | | | | - |
|---|---|--------------------------------------|---------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | AR -15 Line from Schedule A/B: 10.1 | \$500.00 | • | \$500.00 | 735 ILCS 5/12-1001(b) |
| | Line Holli Schedule AV.B. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Used Clothes and Shoes Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(a) |
| | Ellie II olii ochedale AVB. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | watch and ring Line from Schedule A/B: 12.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| | Line Holli Schedule AVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1 Dog Line from Schedule A/B: 13.1 | \$1.00 | | \$1.00 | 735 ILCS 5/12-1001(b) |
| | Line Holli Schedule AVB. 13.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Chase Line from Schedule A/B: 17.1 | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(b) |
| | Ellie II olii ochedale AVB. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401K with Former Employer Northrop Grumman | \$12,000.00 | | \$12,000.00 | 735 ILCS 5/12-1006 |
| | Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Pension: Pension Account with Northrop Grumman - No Value Until | \$1.00 | | \$1.00 | 735 ILCS 5/12-1006 |
| | Retirement Line from Schedule A/B: 21.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Potential EEOC Complaint against Former Employer Northrop Grumman | \$15,000.00 | | \$15,000.00 | 735 ILCS 5/12-1001(h)(4) |
| | Line from Schedule A/B: 33.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covers No Yes | 3 years after that for ca | ases fi | · | , |

| | | Document F | Page 18 c | of 56 | | | |
|------------------------------------|----------------------|---|------------------|--|--------------------------|---------------------|--|
| Fill in this information t | to identify you | r case: | | | | | |
| Debtor 1 Enz | a C Hill | | | | | | |
| First | | Middle Name L | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse if, filing) First N | Name | Middle Name L | Last Name | | | | |
| United States Bankrupto | v Court for the: | NORTHERN DISTRICT OF ILLIN | IOIS | | | | |
| - ···· | , | | | | | | |
| Case number | | | | | | | |
| (if known) | | | | | _ | if this is an | |
| | | | | | amen | ded filing | |
| Official Form 106 | ·D | | | | | | |
| Official Form 106 | | | _ | _ | | | |
| Schedule D: C | reditors | Who Have Claims Se | ecured | by Propert | У | 12/15 | |
| Be as complete and accura | te as nossible l | f two married people are filing together, | hoth are equa | lly responsible for su | innlying correct informa | tion If more space | |
| s needed, copy the Additio | | out, number the entries, and attach it to t | | | | | |
| number (if known). | | | | | | | |
| 1. Do any creditors have cla | aims secured by | your property? | | | | | |
| ☐ No. Check this bo | x and submit th | nis form to the court with your other so | hedules. You | have nothing else t | o report on this form. | | |
| Yes. Fill in all of the | ne information I | pelow. | | | | | |
| Part 1: List All Secur | rad Claims | | | | | | |
| | | | | Column A | Column B | Column C | |
| | | nore than one secured claim, list the creditor a particular claim, list the other creditors in | | Amount of claim | Value of collateral | Unsecured | |
| | | al order according to the creditor's name. | | Do not deduct the | that supports this | portion | |
| 2.1 Northrop Grumr | nan Ecu | Describe the property that secures the | claim: | value of collateral. \$275,162.00 | claim \$165,000.00 | If any \$110,162.00 | |
| 2.1 Northrop Grumr Creditor's Name | nan rcu | | | \$275,162.00 | \$165,000.00 | \$110,162.00 | |
| | | 1006 River Terrace Dr Johnsbe 60051 McHenry County | urg, iL | | | | |
| Po Box 47009 | | As of the date you file, the claim is: Che | eck all that | | | | |
| Gardena, CA 90 | 247 | apply. | | | | | |
| Number, Street, City, State | | Contingent | | | | | |
| Number, Street, City, Stat | le & Zip Code | ☐ Unliquidated ☐ Disputed | | | | | |
| Who owes the debt? Che | eck one. | Nature of lien. Check all that apply. | | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as more | ortgage or secur | ed | | | |
| Debtor 2 only | | car loan) | rigago or occur. | . | | | |
| Debtor 1 and Debtor 2 or | nly | ☐ Statutory lien (such as tax lien, mecha | anic's lian) | | | | |
| ☐ At least one of the debto | | ☐ Judgment lien from a lawsuit | inics herr) | | | | |
| ☐ Check if this claim rela | | Other (including a right to offset) | | | | | |
| community debt | 100 10 0 | | | | | | |
| | | | | | | | |
| | Opened 06/08 Last | | | | | | |
| | Active | | | | | | |
| | 7/24/17 | Last 4 digits of account number | r 0034 | | | | |
| | | - | | | | | |
| 2.2 Northrop Grumr | man Fcu | Describe the property that secures the | e claim: | \$56,473.00 | \$165,000.00 | \$56,473.00 | |
| Creditor's Name | <u> </u> | 1006 River Terrace Dr Johnsbe | | ψου, τι οισσ | Ψ100,000.00 | Ψοσ, τι σ.σσ | |
| | | 60051 McHenry County | urg, in | | | | |
| | | | | | | | |
| Po Box 47009 | | As of the date you file, the claim is: Che apply. | eck all that | | | | |
| Gardena, CA 90 | 247 | ☐ Contingent | | | | | |
| Number, Street, City, Stat | te & Zip Code | ☐ Unliquidated | | | | | |
| | | ☐ Disputed | | | | | |
| Who owes the debt? Che | eck one. | Nature of lien. Check all that apply. | | | | | |
| Debtor 1 only | | An agreement you made (such as mo | rtgage or secure | ed | | | |
| Debtor 2 only | | car loan) | | | | | |
| Debtor 1 and Debtor 2 or | nly | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | | |
| ☐ At least one of the debto | rs and another | ☐ Judgment lien from a lawsuit | | | | | |

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| Debtor 1 Enza C Hil | II | | Case r | number (if know) | | |
|--|---|--|----------------|------------------|--------------|------------|
| First Name Middle Na | | ame Last Name | | | | |
| ☐ Check if this claim re community debt | elates to a | Other (including a right to offset) | | | | |
| Date debt was incurred | Opened 06/08 Last Active 3/14/14 | Last 4 digits of account number | 0664 | | | |
| 2.3 River Terrace Owners Associate | | Describe the property that secures the c | laim: | \$1,400.00 | \$165,000.00 | \$1,400.00 |
| Creditor's Name | | 1006 River Terrace Dr Johnsbur 60051 McHenry County | g, IL | | | |
| 920 W River Terrace Dr Johnsburg, IL 60051 | | As of the date you file, the claim is: Check apply. Contingent | c all that | | | |
| Number, Street, City, S Who owes the debt? C | • | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only ■ Debtor 2 only | HECK OHE. | An agreement you made (such as mortg car loan) | age or secured | | | |
| Debtor 1 and Debtor 2 | only | Statutory lien (such as tax lien, mechani | c's lien) | | | |
| ☐ At least one of the debtors and another☐ Check if this claim relates to a community debt | | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | | |
| Date debt was incurred | 2012 | Last 4 digits of account number | 1006 | | | |
| | | | | | | |
| | • | olumn A on this page. Write that number h | ere: | \$333,035. | 00 | |
| If this is the last page of Write that number here | • | the dollar value totals from all pages. | | \$333,035. | 00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Documen | t Page | 20 of 5 | 66 | | |
|---------------------|--|---------------------------------|--------------------|-----------------|----------------------------|---------------------------------------|--------------------|
| Fill in this inform | mation to identify your ca | se: | | | | | |
| Debtor 1 | Enza C Hill | | | | | | |
| | First Name | Middle Name | Last Nam | е | | | |
| Debtor 2 | First Name | Middle Name | Loot None | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Nam | е | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS | | | | |
| Case number | | | | | | | |
| (if known) | | | | | | ☐ Check | if this is an |
| | | | | | | amend | led filing |
| Official Forr | n 106E/E | | | | | | |
| | /F: Creditors Wh | o Havo Uneocur | ad Claim | _ | | | 12/15 |
| | d accurate as possible. Use | | | | r craditors with NON | PRIORITY claims I i | |
| | tracts or unexpired leases th | | | | | | |
| Schedule G: Execu | utory Contracts and Unexpire | d Leases (Official Form 106 | G). Do not incl | ide any cred | ditors with partially s | ecured claims that a | re listed in |
| | tors Who Have Claims Secur ntinuation Page to this page. | | | | | | |
| name and case nu | | ii you have no information | io report in a r | art, do not m | ic that I art. On the t | op or any additional | pages, write your |
| Part 1: List A | II of Your PRIORITY Unse | ecured Claims | | | | | |
| 1. Do any credite | ors have priority unsecured | claims against you? | | | | | |
| ☐ No. Go to F | Part 2. | | | | | | |
| Yes. | | | | | | | |
| | r priority unsecured claims. /pe of claim it is. If a claim has | | | | | | |
| possible, list th | ne claims in alphabetical order at than one creditor holds a parti | according to the creditor's nar | ne. If you have n | | | | |
| (For an explan | ation of each type of claim, see | the instructions for this form | in the instruction | booklet.) | | | |
| | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 Interna | I Revenue Service | Last 4 digits of a | ccount number | 5433 | \$5,000.00 | \$5,000.00 | \$0.00 |
| • | reditor's Name | | | | | · · · · · · · · · · · · · · · · · · · | · |
| PO Box | (7346 elphia, PA 19101 | When was the de | bt incurred? | 2016 | | - | |
| | Street City State Zlp Code | As of the date yo | u file, the claim | is: Check al | Il that apply | | |
| Who incurre | d the debt? Check one. | ☐ Contingent | | | | | |
| ■ Debtor 1 o | only | ☐ Unliquidated | | | | | |
| Debtor 2 | only | Disputed | | | | | |
| Debtor 1 a | and Debtor 2 only | Type of PRIORIT | Y unsecured cla | aim: | | | |
| | ne of the debtors and another | ☐ Domestic supp | ort obligations | | | | |
| _ | this claim is for a communit | _ | | ou owo tho | government | | |
| | subject to offset? | ☐ Claims for dea | | | • | | |
| ■ No | | ☐ Other. Specify | ar or porcoriar in | ,u., | a word intermedica | | |
| ☐ Yes | | □ Other. Opechy | Federal In | come Tax | es | | |
| | | | | | | | |
| Part 2: List A | II of Your NONPRIORITY | Unsecured Claims | | | | | |
| 3. Do any credite | ors have nonpriority unsecu | ed claims against you? | | | | | |
| ☐ No. You ha | ive nothing to report in this part | . Submit this form to the court | with your other | schedules. | | | |
| Yes. | | | | | | | |
| | r nonnriority uncocured elek | ns in the alphabetical order | of the craditor | who holds o | each claim. If a cradit | or has more than one | nonpriority |
| unsecured clai | r nonpriority unsecured clair m, list the creditor separately for | or each claim. For each claim | listed, identify w | nat type of cla | aim it is. Do not list cla | aims already included | in Part 1. If more |

Total claim

Part 2.

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Debtor 1 Enza C Hill Case number (if know) 4.1 \$454.00 **AAMS** Last 4 digits of account number 7677 Nonpriority Creditor's Name PO Box 65576 When was the debt incurred? 2014 West Des Moines, IA 50265 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical or Dental Debt ☐ Yes 4.2 AFNI, Inc Last 4 digits of account number 2564 \$68.00 Nonpriority Creditor's Name PO Box 3068 When was the debt incurred? Bloomington, IL 61702 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical or Dental Debt** Other. Specify 4.3 **Alexian Bros Medical Center** Last 4 digits of account number A380 \$16.00 Nonpriority Creditor's Name PO Box 14000 When was the debt incurred? 2018 Belfast, ME 04915 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical or Dental Debt** Other. Specify

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Debtor 1 Enza C Hill Case number (if know) 4.4 \$302.00 **Alexian Bros Medical Center** Last 4 digits of account number 3425 Nonpriority Creditor's Name PO Box 14000 When was the debt incurred? 2018 Belfast, ME 04915 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical or Dental Debt ☐ Yes 4.5 **Barrington OB GYN Assoc** \$490.00 Last 4 digits of account number 3335 Nonpriority Creditor's Name 27790 W Hwy 22., Ste 32 When was the debt incurred? 2016 Barrington, IL 60010 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical or Dental Debt** Other. Specify Cardiovascular Associates at 7430 \$39.00 4.6 **ABHVI** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 900 Frontage Rd Ste 325 Woodridge, IL 60517 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical or Dental Debt ☐ Yes

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Debtor 1 Enza C Hill Case number (if know) 4.7 \$3,381.00 **Chase Card Services** Last 4 digits of account number 0765 Nonpriority Creditor's Name **Correspondence Dept** Opened 12/08 Last Active Po Box 15298 When was the debt incurred? 4/20/15 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.8 **Client Services Inc** Last 4 digits of account number 5886 \$339.00 Nonpriority Creditor's Name 3451 Harry S Truman Blvd When was the debt incurred? 2017 Saint Charles, MO 63301 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.9 Com Ed 1005 \$773.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6111 When was the debt incurred? 2018 Carol Stream, IL 60197 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Phone or Utility Service ☐ Yes

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| Debi | OF I Enza C HIII | | Case number (if know) | | | | |
|----------|--|--|---|----------|--|--|--|
| 4.1 0 | Comcast | Last 4 digits of account number | 5771 | \$222.00 | | | |
| | Nonpriority Creditor's Name PO Box 3002 | When was the debt incurred? | 2018 | | | | |
| | Southeastern, PA 19398 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Phone or U | tility Service | | | | |
| 4.1 1 | Credit Collection Services | Last 4 digits of account number | 7274 | \$124.00 | | | |
| | Nonpriority Creditor's Name Two Wells Ave Newton Center, MA 02459 | When was the debt incurred? | 2014 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | \square Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Family | l or Credit Use - American | | | | |
| 4.1 2 | Directv, LLC | Last 4 digits of account number | 2876 | \$173.00 | | | |
| | Nonpriority Creditor's Name PO Box 51178 | When was the debt incurred? | 2018 | | | | |
| | Los Angeles, CA 90051 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | ,,,,,, | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □Yes | ■ Other. Specify Phone or U | tility Service | | | | |
| | | C Cpcony | - | | | | |

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Case number (if know) Debtor 1 Enza C Hill 4.1 Escallate, LLC 7155 \$16.00 Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 645425 When was the debt incurred? 2016 Cincinnati, OH 45264 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical or Dental Debt Dentalworks ☐ Yes 4.1 **IL Sportsmedicine & Ortho Center** 2171 \$339.00 Last 4 digits of account number Nonpriority Creditor's Name 1714 Milwaukee Ave When was the debt incurred? 2018 Glenview, IL 60025 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical or Dental Debt ☐ Yes 4.1 Jefferson Capital Systems, LLC 0003 \$468.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 1999 When was the debt incurred? **Opened 12/16** Saint Cloud, MN 56302 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No **Factoring Company Account Verizon**

☐ Yes

■ Other. Specify Wireless

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Debtor 1 Enza C Hill Case number (if know) 4.1 Josephine Pidone \$28,000.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 1006 River Terrace Dr When was the debt incurred? McHenry, IL 60051 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Lawsuit Judgment ☐ Yes 4.1 Kohl's Department Stores Inc. \$516.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 3115 When was the debt incurred? Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card or Credit Use ☐ Yes 4.1 Malcolm S. Gerald & Associates Inc \$871.00 **StAlexius** 8 Last 4 digits of account number Nonpriority Creditor's Name 332 S. Michigan Ave When was the debt incurred? 2018 Suite 600 Chicago, IL 60604 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

 \square Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical or Dental Debt

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Case number (if know)

Debtor 1 Enza C Hill 4.1 **Mercy Health Systems** 0954 \$26.00 Last 4 digits of account number 9 Nonpriority Creditor's Name PO Box 8188 When was the debt incurred? Janesville, WI 53547-8188 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical or Dental Debt ☐ Yes 4.2 Midland Funding 2442 \$2,235.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 2365 Northside Dr Ste 300 When was the debt incurred? **Opened 08/13** San Diego, CA 92108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Factoring Company Account Citibank N.A. ☐ Yes 4.2 Municipal Collection Services, Inc. 3222 \$200.00 Last 4 digits of account number Nonpriority Creditor's Name **PO Box 327** When was the debt incurred? 2018 Palos Heights, IL 60463 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No Governmental / Court Fines / Fees -■ Other. Specify Lakemoor ☐ Yes

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Case number (if know) Debtor 1 Enza C Hill 4.2 Nationwide Credit, Inc. 7412 \$5,559.00 Last 4 digits of account number 2 Nonpriority Creditor's Name PO Box 26314 When was the debt incurred? 2015 Lehigh Valley, PA 18002 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card or Credit Use Chase ☐ Yes 4.2 **Nicor Gas** 8000 \$258.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 190 When was the debt incurred? 2018 Aurora, IL 60507 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Phone or Utility Service ☐ Yes 4.2 Portfolio Recovery Associates LLC 8861 \$9.825.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 12914 When was the debt incurred? Norfolk, VA 23541 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card or Credit Use Sams Club ☐ Yes

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Debtor 1 Enza C Hill Case number (if know) 4.2 **Quest Diagnostics** 7421 \$67.00 Last 4 digits of account number 5 Nonpriority Creditor's Name P.O. Box 809403 When was the debt incurred? 2015 Chicago, IL 60680-9403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical or Dental Debt 4.2 **Quest Diagnostics** 3752 \$7.00 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 809403 When was the debt incurred? 2015 Chicago, IL 60680-9403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical or Dental Debt ☐ Yes 4.2 **Quest Diagnostics** 9156 \$43.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 809403 When was the debt incurred? 2015 Chicago, IL 60680-9403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical or Dental Debt** Other. Specify

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Case number (if know)

4.2 **Rms-recovery Managemen** 8758 \$579.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 4200 Cantera Dr Ste 211 When was the debt incurred? **Opened 02/18** Warrenville, IL 60555 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Elmhurst College ☐ Yes 4.2 Sunset Lawns, Inc C103 \$7,352.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 565 Dakota St Unit B When was the debt incurred? 2018 Crystal Lake, IL 60012 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Lawsuit Judgment ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Blatt Hasenmiller Leibsker & Moore Line 4.20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 125 S Wacker Dr Ste 400 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60606 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Blatt Hasenmiller Leibsker & Moore Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 125 S Wacker Dr Ste 400 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60606 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Credit Collection Services** Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Two Wells Ave Part 2: Creditors with Nonpriority Unsecured Claims Newton Center, MA 02459 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Franks Gerkin and McKenna Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 19333 E Grant Hwy Part 2: Creditors with Nonpriority Unsecured Claims

PO Box 5

Official Form 106 E/F

Debtor 1 Enza C Hill

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Debtor 1 Enza C Hill

Marengo, IL 60152

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 1 | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 5,000.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 5,000.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim |
| Total claims | | | | Ψ | 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 62,742.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 62,742.00 |

| | | 1700411110 | | |
|---|-------------------------|-------------------|-------------|--------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Enza C Hill | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Chook if |
| (ii kilowii) | | | | ☐ Check if t |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | 0.1.5 | | 0.0.0 | 2.1. 0000 | |
| 2.4 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | - ity | | Cidio | | |

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| | | DUGUITE | III Paue 33 C | 11.30 | |
|--|---|--|--|---|--|
| Fill in this i | nformation to identify your | | | | |
| Debtor 1 | Enza C Hill | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing |) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILL INOIS | | |
| Office Otate | 3 Dankruptcy Court for the. | NORTHERN BIOTRIOT | OT ILLINOIS | | |
| Case number (if known) | er | | | | Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| | | obtoro | | | 4044 |
| Scheal | ule H: Your Cod | eptors | | | 12/15 |
| ■ No □ Yes 2. Withi Arizona ■ No. 0 □ Yes. 3. In Columnin line 2 | , California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou mn 1, list all of your codebt 2 again as a codebtor only i | u lived in a community pr Nevada, New Mexico, Pu use, or legal equivalent live cors. Do not include your f that person is a guaran | operty state or territor erto Rico, Texas, Washi with you at the time? spouse as a codebtor tor or cosigner. Make | y? (Community property states a | u. List the person shown or on Schedule D (Official |
| out Col | | • | | | |
| | olumn 1: Your codebtor ame, Number, Street, City, State and Z | IP Code | | Column 2: The creditor to Check all schedules that ap | |
| 0.4 | | | | Пол. н. в.: | |
| 3.1 Na | ame | | | _ □ Schedule D, line □ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| N | umber Street | | | _ | |
| Ci | ity | State | ZIP Code | | |
| | | | | Пол. г. В. | |
| 3.2 Na | ame | | | _ □ Schedule D, line □ | |
| | | | | ☐ Schedule G, line | |
| Ni | umber Street | | | _ | |
| Ci | | State | ZIP Code | | |

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| Eill | in this information to identify yo | nit case. | | | | 1 | | | | |
|----------------|---|---|---|------------------------|----------------|---------------------------------------|--|---|------------------------------|---------------------------------------|
| | btor 1 Enza C F | | | | | | | | | |
| | otor 2 | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court fo | r the: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| O Be a sup spo | fficial Form 106l chedule I: Your II as complete and accurate as plying correct information. If use. If you are separated and ch a separate sheet to this fo | possible. If two married pec you are married and not fili your spouse is not filing w | ng jointly, and your ith you, do not inclu | spouse i ude inforn | s liv natio | A A A A A A A A A A A A A A A A A A A | M / DD/ Y tor 2), bo you, inclu your spo | d filing ent showin as of the fo YYYY th are equ ude inforr ouse. If me | nation about ore space is | 12/15 lible for your needed, |
| | Describe Employm | ent | | | | | | | · | |
| 1. | Fill in your employment information. | | Employment status Debtor 1 Employed Not employed | | | | Debtor 2 | or non-fi | r non-filing spouse | |
| | If you have more than one job attach a separate page with information about additional employers. | Employment status Occupation | | | | | ☐ Employed ☐ Not employed | | | |
| | Include part-time, seasonal, c self-employed work. | • | | | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | ent Employer's address | | | | | | | | |
| | | How long employed t | here? | | | | _ | | | |
| Par | Give Details About | Monthly Income | | | | | | | | |
| | mate monthly income as of thuse unless you are separated. | ne date you file this form. If | you have nothing to | report for a | any | line, write | \$0 in the | space. In | clude your noi | n-filing |
| - | ou or your non-filing spouse have space, attach a separate shee | | ombine the information | on for all e | mplo | oyers for | that perso | n on the li | nes below. If | you need |
| | | | | | | For Deb | otor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, a deductions). If not paid mont | | | 2. | \$ | | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly o | vertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Ad | dd line 2 + line 3. | | 4. | \$ | | 0.00 | \$ | N/A | |

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| Deb | tor 1 | Enza C Hill | _ | C | Case | number (if know | n) | | | | |
|-----|-----------------------|---|---------|------------|------------|-----------------|----|------|--------------------|-------|-----------------|
| | | | | | For | Debtor 1 | | | Debtor filing s | | |
| | Cop | y line 4 here | 4. | | \$ | 0.0 | 0 | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | a. | \$ | 0.0 | 0 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | <u>,</u> — | 0.0 | | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | . | \$ | 0.0 | | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 50 | d. | \$ | 0.0 | 0 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | €. | \$ | 0.0 | 0 | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.0 | 0 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g | | \$_ | 0.0 | | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h | 1.+ | \$ | 0.0 | 0 | + \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 0.0 | 0 | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$_ | 0.0 | 0 | \$ | | N/A | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | 01 | monthly net income. | 88 | | \$_ | 0.0 | | \$ | | N/A | _ |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent | 8b t |). | \$_ | 0.0 | 0 | \$ | | N/A | - |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | c . | \$ | 0.0 | 0 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 1,832.0 | 0 | \$ | | N/A | - |
| | 8e. | Social Security | 86 | €. | \$ | 0.0 | 0 | \$ | | N/A | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP Benefits | 8f | | \$ | 200.0 | | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 80 | - | \$_ | 0.0 | | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8r | 1.+ | \$ | 0.0 | 0 | + \$ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | <u> </u> | 2,032.0 | 0 | \$ | | N/A | A |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | 2 | | 2,032.00 + | \$ | | N/A | _ \$ | 2,032.00 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 2,032.00 | Ψ_ | | 11// | | 2,032.00 |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not cify: | depe | | | | | | chedule 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | | 12. | \$ | 2,032.00 |
| 40 | _ | | | | | | | | l | Combi | ned y income |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes Explain: | 1? | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| | to the test of a constant of the self-term of the self-te | | | | |
|------------|--|---|----------------|--|-------------------------------|
| FIII | in this information to identify your case: | | | | |
| Deb | btor 1 Enza C Hill | | Chec | k if this is: | |
| | | | | An amended filing | |
| | btor 2 | | | A supplement show 13 expenses as of the same of the s | ving postpetition chapter |
| (Spo | ouse, if filing) | | | rs expenses as or | the following date: |
| Unit | tted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | - | MM / DD / YYYY | | |
| l | se number | | | | |
| (If kı | rnown) | | | | |
| Of | fficial Form 106J | | | | |
| Sc | chedule J: Your Expenses | | | | 12/15 |
| Be info | as complete and accurate as possible. If two married people are formation. If more space is needed, attach another sheet to this formber (if known). Answer every question. | | | | |
| | rt 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses fo | r Separate House | hold of Deb | tor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| ۷. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 1 | | Dependent's age | Does dependent live with you? |
| | Debtor 2. | Dobier i er Dobier | _ | ugo | |
| | Do not state the | | | | □ No |
| | dependents names. | | | | ☐ Yes |
| | | | | | □ No |
| | - | | | | ☐ Yes ☐ No |
| | | | | | = : |
| | | | | | ☐ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include | | | <u> </u> | ⊔ Yes |
| J. | expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| D - " | Forting to Very Oursing Monthly Frances | | | | |
| Est exp | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you penses as of a date after the bankruptcy is filed. If this is a suppleiplicable date. | | | | |
| | clude expenses paid for with non-cash government assistance if you are value of such assistance and have included it on Schedule I: You | | | | |
| | fficial Form 106l.) | | | Your expe | enses |
| | | | | | |
| 4. | The rental or home ownership expenses for your residence. Incl payments and any rent for the ground or lot. | ude first mortgage | 4. \$ | | 0.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 150.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 30.00 |
| | 4d. Homeowner's association or condominium dues | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payments for your residence, such as home | e equity loans | 5. \$ | | 0.00 |

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| ebtor 1 | Enza C Hill | Case num | ber (if known) | |
|------------------|--|-------------|---------------------|------------------------|
| . Utiliti | ies. | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 280.00 |
| | Water, sewer, garbage collection | 6b. | \$ | 30.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 400.00 |
| 6d. | Other. Specify: | 6d. | · | 0.00 |
| | and housekeeping supplies | 7. | · | 500.00 |
| | care and children's education costs | 8. | \$ | 0.00 |
| - | ing, laundry, and dry cleaning | 9. | \$ | 60.00 |
| | onal care products and services | 10. | \$ | |
| | • | | · | 65.00 |
| | cal and dental expenses | 11. | \$ | 75.00 |
| | sportation. Include gas, maintenance, bus or train fare. ot include car payments. | 12. | \$ | 150.00 |
| | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 50.00 |
| | itable contributions and religious donations | 14. | • | 0.00 |
| 5. Insu r | - | 14. | Ψ | 0.00 |
| | ance. ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | Life insurance | 15a. | \$ | 0.00 |
| | Health insurance | 15b. | · | 60.00 |
| | Vehicle insurance | 15c. | · | 180.00 |
| | Other insurance. Specify: | 15d. | | 0.00 |
| | s. Do not include taxes deducted from your pay or included in lines 4 or 20. | | Ψ | 0.00 |
| Speci | | 16. | \$ | 0.00 |
| | Ilment or lease payments: | | | 0.00 |
| | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Specify: | 17c. | · | 0.00 |
| | Other. Specify: | 17d. | · | 0.00 |
| | payments of alimony, maintenance, and support that you did not report as | 17 u. | Ψ | 0.00 |
| | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| Speci | | 19. | | |
| | r real property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Yo | our Income. | |
| | Mortgages on other property | 20a. | | 0.00 |
| | Real estate taxes | 20b. | \$ | 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. | | 0.00 |
| | r: Specify: | 21. | · | 0.00 |
| . Other | | | Γ | 0.00 |
| 2. Calcu | ulate your monthly expenses | | | |
| 22a. <i>F</i> | Add lines 4 through 21. | | \$ | 2,030.00 |
| 22b. (| Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | _ |
| 22c. / | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,030.00 |
| | | | · | _,,,,,,, |
| | ulate your monthly net income. | | _ | |
| | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 2,032.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,030.00 |
| | | | | |
| 23c. | Subtract your monthly expenses from your monthly income. | 220 | \$ | 2.00 |
| | The result is your <i>monthly net income</i> . | 23c. | Ψ | 2.00 |
| 4 Po ::: | ou expect an increase or decrease in your expenses within the year offer yo | u filo thio | form? | |
| | ou expect an increase or decrease in your expenses within the year after yo ample, do you expect to finish paying for your car loan within the year or do you expect your | | | or decrease because of |
| | cation to the terms of your mortgage? | ortgage | ca, mont to moroase | c. acordado bodade (|
| modific | | | | |
| modific | , 5 5 | | | |

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| Fill in this info | rmation to identify your | case: | | | |
|---------------------------------|--|--------------------------|----------------------------|------------------------|--|
| Debtor 1 | Enza C Hill | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official For | m 106Dec | | | | |
| Declara | tion About a | ın Individual | Debtor's Sc | hedules | 12/15 |
| years, or both. | y or property by fraud ii 18 U.S.C. §§ 152, 1341, 1 gn Below | | ruptcy case can result i | n fines up to \$250,00 | 0, or imprisonment for up to 20 |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | | rruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the sum | mary and schedules file | d with this declaratio | n and |
| X /s/ En | za C Hill | | X | | |
| Enza | | | Signature of | Debtor 2 | |

Date

Date August 10, 2018

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| -:1 | in this inform | | | | | |
|-------------------|---|--|--|---|--|---|
| | | nation to identify you | case: | | | |
| De | btor 1 | Enza C Hill First Name | Middle Name | Last Name | | |
| De | btor 2 | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| | se number | | | | | Check if this is an mended filing |
| St Be a | as complete a | of Financial | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for sup vadditional pages, write you | |
| Pa | rt 1: Give D | Petails About Your Ma | nrital Status and Where You | Lived Before | | |
| 1. | What is you | r current marital statu | is? | | | |
| | □ Married■ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>'</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. stat | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ske sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | ificial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$27,428.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Debtor 1 Enza C Hill

| | | | | | Debtor 1 | | | Debtor 2 | | |
|----|--|------------------------------------|----------------------------------|--|--|---------------------------------------|---|---|-------------------------------------|---|
| | | | | | Sources of income Check all that apply. | (befo | s income re deductions and sions) | Sources o Check all t | | Gross income (before deductions and exclusions) |
| | or last calen anuary 1 to | | | 1, 2017) | ■ Wages, commissions, bonuses, tips | | \$90,000.00 | ☐ Wages, bonuses, ti | commissions, ips | |
| | | | | | ☐ Operating a business | | | ☐ Operati | ng a business | |
| | or the calendary 1 to | | | | ■ Wages, commissions, bonuses, tips | | \$85,000.00 | ☐ Wages, bonuses, ti | commissions, ips | |
| | | | | | ☐ Operating a business | | | ☐ Operati | ng a business | |
| 5. | Include include and other winnings. List each s | come public If you source | regardle benefit are filin | ess of wheth payments; g a joint cas e gross inco | e during this year or the tweer that income is taxable. Expensions; rental income; into e and you have income that me from each source separ | xamples c erest; divid you rece | of other income are dends; money colle ived together, list it | alimony; child cted from laws only once und | suits; royalties; a er Debtor 1. | |
| | | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | | Sources of income Describe below. | each (befo | s income from source re deductions and sions) | Sources of Describe b | | Gross income (before deductions and exclusions) |
| | om January e date you f | | | | Unemployment | | \$7,300.00 | | | |
| | | | | | | | | | | |
| Pa | art 3: List | Cert | ain Pay | ments You | Made Before You Filed for | r Bankrup | otcy | | | |
| 6. | Are either ☐ No. | Neit | her Deb | otor 1 nor D | s debts primarily consume ebtor 2 has primarily cons personal, family, or househ | sumer de | bts. Consumer deb | ots are defined | in 11 U.S.C. § 10 | 01(8) as "incurred by an |
| | | | No. | Go to line 7 | | | | | | |
| | | | | paid that cre not include | each creditor to whom you partition. Do not include payme payments to an attorney for on 4/01/19 and every 3 years. | ents for do this bank | mestic support obli ruptcy case. | igations, such | as child support | and alimony. Also, do |
| | ■ Yes. | Deb | tor 1 or | Debtor 2 o | r both have primarily cons re you filed for bankruptcy, o | sumer del | ots. | | • | ι. |
| | | | No. | Go to line 7 | | | | | | |
| | | | | include pay | each creditor to whom you pa ments for domestic support this bankruptcy case. | | | | | |
| | Creditor' | s Nar | ne and | Address | Dates of paym | ent | Total amount | Amount ye | | payment for |

Case 18-81710 Doc 1 Filed 08/10/18 Entered 08/10/18 14:41:34 Document Page 41 of 56 ase number (*if known*) Debtor 1 Enza C Hill Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Northrop Grumman Fcu v. Enza C **Foreclosure McHenry County Clerk** □ Pending Hill 2200 N Seminary Ave □ On appeal 17 CH 517 Woodstock, IL 60098 □ Concluded Sunset Lawns, Inc v. Enza C Hill **Small Claims McHenry County Clerk** □ Pending 18 SC 103 2200 N Seminary Ave □ On appeal Woodstock, IL 60098 □ Concluded 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Official Form 107

☐ Yes

No

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| Pa | rt 5: List Certain Gifts and Contributions | | | |
|-----|--|---|-----------------------------------|---------------------------|
| 13. | Within 2 years before you filed for bankrupto ■ No □ Yes. Fill in the details for each gift. | y, did you give any gifts with a total value of more t | han \$600 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | |
| 14. | Within 2 years before you filed for bankrupto ■ No □ Yes. Fill in the details for each gift or contri | y, did you give any gifts or contributions with a totable bution. | al value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
| Pa | rt 6: List Certain Losses | | | |
| 15. | Within 1 year before you filed for bankruptcy or gambling? ■ No □ Yes. Fill in the details. | or since you filed for bankruptcy, did you lose any | thing because of the | it, fire, other disaster, |
| | how the loss occurred Incl | scribe any insurance coverage for the loss ude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Pa | rt 7: List Certain Payments or Transfers | | | |
| 16. | consulted about seeking bankruptcy or prep | r, did you or anyone else acting on your behalf pay aring a bankruptcy petition? arers, or credit counseling agencies for services require | | rty to anyone you |
| | No | | | |
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Antioch Legal, Ltd. 950 Main Street Antioch, IL 60002 LauraDFrye@att.net | Filing Fee and other Costs | August 8, 2018 | \$500.00 |
| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you | | or transfer any prope | rty to anyone who |
| | No No | | | |
| | Yes. Fill in the details. | | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was | Amount of payment |

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Debtor 1 Enza C Hill

| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alrest No | business or f made as secur | inancial aff ity (such as | airs? the granting of a | • | | |
|-----|---|--------------------------------|---|----------------------------|---------------|--|---|
| | Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | | ription and verty transfer | | paym | ribe any property or lents received or debts in exchange | Date transfer was made |
| | Person's relationship to you | | | | | - | |
| 19. | Within 10 years before you filed for bankr beneficiary? (These are often called asset- | | | ny property to a | a self-settle | ed trust or similar device | of which you are a |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of trust | Descr | iption and | value of the pro | perty tran | sferred | Date Transfer was |
| | | | | | | | made |
| Par | List of Certain Financial Accounts, | Instruments, \$ | Safe Deposi | t Boxes, and S | torage Uni | ts | |
| 20. | Within 1 year before you filed for bankrup sold, moved, or transferred? | tcy, were any | financial ad | counts or inst | ruments h | eld in your name, or for yo | our benefit, closed, |
| | Include checking, savings, money market houses, pension funds, cooperatives, ass | | | | | it; shares in banks, credit | unions, brokerage |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digi account no | | Type of acco | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within cash, or other valuables? | 1 year before | you filed fo | r bankruptcy, a | ny safe de | posit box or other deposi | itory for securities, |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Addre | else had access (Number, S | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage un | it or place oth | er than you | r home within | 1 year befo | re you filed for bankrupto | y? |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | else has or ess (Number, 9 nd ZIP Code) | had access Street, City, | Describe | the contents | Do you still have it? |
| Par | rt 9: Identify Property You Hold or Contr | | • | | | | |
| | | | | | | | |
| 23. | Do you hold or control any property that for someone. | someone else | owns? Incl | ude any prope | rty you boi | rowed from, are storing f | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | /A1 1 | e is the proper, Street, City, | | Describe | the property | Value |
| Par | rt 10: Give Details About Environmental I | ĺ | | | | | |
| | Cito Botano About Environmentali | 31111411011 | | | | | |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Enza C Hill

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| | hazardous material, pollutant, contaminant, or similar term. | | | | | , | | |
|---|--|--|--|----------|------------------------------------|--------------------|--|--|
| Rep | ort a | all notices, releases, and proceedings that | at you know about, regardless of wher | the | y occurred. | | | |
| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | und | er or in violation of an environme | ntal law? | | |
| | | No | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | t | Environmental law, if you know it | Date of notice | | |
| 25. Have you notified any governmental unit of any release of hazardous material? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | re you been a party in any judicial or adn | ninistrative proceeding under any envi | ronn | nental law? Include settlements a | nd orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ure of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | |
| | | _ | | v of | the following connections to any | husiness? | | |
| 27. | VVIL | hin 4 years before you filed for bankrupt A sole proprietor or self-employed ii | • • | - | • | Dusiliess : | | |
| | | ☐ A member of a limited liability comp | | | - | | | |
| | | ☐ A partner in a partnership | any (220) or miniou habitity parational | .p (= | - . , | | | |
| | | ☐ An officer, director, or managing exc | ecutive of a corporation | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | | No. None of the above applies. Go to F | | | | | | |
| | _ | Yes. Check all that apply above and fill | | . | | | | |
| | Bu | siness Name | Describe the nature of the business | - | Employer Identification number | | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security r | number or ITIN. | | |
| | | | | | Dates business existed | | | |
| 28. | | hin 2 years before you filed for bankrupt citutions, creditors, or other parties. | cy, did you give a financial statement t | o an | yone about your business? Inclu | de all financial | | |
| | | No | | | | | | |
| | | Yes. Fill in the details below. | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | |
| _ | _ | | | | | | | |

Part 12: Sign Below

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Debtor 1 Enza C Hill

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| /s/ Er | nza C Hill | |
|----------------------|--------------------------|--|
| Enza | C Hill | Signature of Debtor 2 |
| Signa | ture of Debtor 1 | |
| Date August 10, 2018 | | Date |
| Did yo | u attach additional page | es to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | |
| ☐ Yes | | |
| Did yo | u pay or agree to pay so | omeone who is not an attorney to help you fill out bankruptcy forms? |
| ■ No | | |
| ☐ Yes | . Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this infor | mation to identify your | case: | | |
|----------------------------------|--|-----------------------|---|--|
| Debtor 1 | Enza C Hill | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| (Spouse II, IIIIIg) | First Name | wilddie Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Ω#: a: a l ⊏ a | | | | |
| Official Fo | | | | |
| Stateme | nt of Intentio | n for Indiv | iduals Filing Under C | hapter 7 12/15 |
| | | | | |
| f vou are an inc | lividual filing under cha | pter 7. vou must fil | I out this form if: | |
| • | e claims secured by yo | | | |
| _ | sed personal property a | | ot expired | |
| ou must file th | is form with the court w ever is earlier, unless th | ithin 30 days after | you file your bankruptcy petition or by t | he date set for the meeting of creditors, pies to the creditors and lessors you list |
| | eople are filing togethe | r in a joint case, bo | th are equally responsible for supplying | correct information. Both debtors must |
| | and accurate as possib our name and case nur | | s needed, attach a separate sheet to this | form. On the top of any additional pages, |
| Part 1: List Y | our Creditors Who Hav | e Secured Claims | | |
| | | | | |
| . For any credi information b | | art 1 of Schedule D | : Creditors Who Have Claims Secured b | y Property (Official Form 106D), fill in the |
| Identify the c | reditor and the property t | hat is collateral | What do you intend to do with the pro secures a debt? | perty that Did you claim the property as exempt on Schedule C |
| Creditor's | | | ☐ Surrender the property. | □No |
| name: | | | Retain the property and redeem it. | LI INO |
| | | | Retain the property and redeem it. | ☐ Yes |
| Description of | f | | Reaffirmation Agreement. | |
| nroperty | | | D Details the same and seed form total | |

property ☐ Retain the property and [explain]: securing debt: Creditor's □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes \square Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Creditor's □ No ☐ Surrender the property. name: ☐ Retain the property and redeem it. ☐ Yes \square Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt:

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

 \square Surrender the property.

□ No

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| Debtor 1 | Enza C Hill | Case number (if known) | |
|--|---|---|--------------------------------|
| name: | | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| propert securin | • | ☐ Retain the property and [explain]: | |
| For any ui | rmation below. Do not list real est | pperty Leases that you listed in Schedule G: Executory Contracts and Unexpired tate leases. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). | ease period has not yet ended. |
| Describe | your unexpired personal property | v leases V | Vill the lease be assumed? |
| Lessor's r Description Property: | name: on of leased | | □ No □ Yes |
| | name: on of leased | | □ No |
| Property: | | Γ | Yes |
| Lessor's r Description Property: | name: on of leased | _ | □ No □ Yes |
| Lessor's name: | | | □ No |
| Property: | on of leased | | ☐ Yes |
| Lessor's r | name: on of leased | Γ | □ No |
| Property: | iii oi leaseu | Ε | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | on or leased | Ε | Yes |
| Lessor's r | | ם | □ No |
| Property: | on of leased | ι | ☐ Yes |
| Part 3: | Sign Below | | |
| Under per property t | nalty of perjury, I declare that I hav hat is subject to an unexpired leas | re indicated my intention about any property of my estate that secuse. | res a debt and any personal |
| X /s/ E | Enza C Hill | x | |
| | a C Hill ature of Debtor 1 | Signature of Debtor 2 | |
| Date | August 10, 2018 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-81710 Doc 1 Filed 08/10/18 Entered 08/10/18 14:41:34 Desc Main Document Page 52 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Enza C Hill | | Case No. | | | |
|--------|---|--|---|--|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPENSAT | TION OF ATTO | RNEY FOR D | EBTOR(S) | | |
| С | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept | | \$ | 900.00 | | |
| | Prior to the filing of this statement I have received | | | 0.00 | | |
| | Balance Due | | \$ | 900.00 | | |
| 2. \$ | S 335.00 of the filing fee has been paid. | | | | | |
| 3. 1 | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. Т | The source of compensation to be paid to me is: | | | | | |
| | ☐ Debtor ☐ Other (specify): Hyatt Legal | Plans | | | | |
| 5. I | ■ I have not agreed to share the above-disclosed compensatio | on with any other person | unless they are mer | nbers and associates of my law firm. | | |
| I | ☐ I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of the same of the s | | | | | |
| 6. I | In return for the above-disclosed fee, I have agreed to render le | gal service for all aspec | ts of the bankruptcy | case, including: | | |
| b c | Analysis of the debtor's financial situation, and rendering ad Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications as 522(f)(2)(A) for avoidance of liens on househo | of affairs and plan which confirmation hearing, a to market value; ex needed; preparation | h may be required; nd any adjourned he emption planning | arings thereof; g; preparation and filing of | | |
| 7. E | By agreement with the debtor(s), the above-disclosed fee does need to be a Representation of the debtors in any discharg any other adversary proceeding. | | | ces, relief from stay actions or | | |
| | CER | RTIFICATION | | | | |
| | certify that the foregoing is a complete statement of any agree ankruptcy proceeding. | ment or arrangement fo | r payment to me for | representation of the debtor(s) in | | |
| Aı | ugust 10, 2018 | /s/ Laura Dolores | s Frye | | | |
| Date | | Laura Dolores Fi | ye 6295019 | | | |
| | | Signature of Attorn Antioch Legal, L | | | | |
| | | 950 Main Street | | | | |
| | | Antioch, IL 6000 | | | | |
| | | 847-838-1100 Fa | | | | |
| | | LauraDFrye@att Name of law firm | .net | | | |
| | | rianic oj iaw jiilli | | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Enza C Hill | | Case No. | | |
|-------|---|---|------------|----|--|
| | | Debtor(s) | Chapter 7 | | |
| | VE | RIFICATION OF CREDITOR N | 1ATRIX | | |
| | | Number of | Creditors: | 31 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | August 10, 2018 | /s/ Enza C Hill Enza C Hill Signature of Debtor | | | |

AAMS
PO Box 65576
West Des Moines, IA 50265

AFNI, Inc PO Box 3068 Bloomington, IL 61702

Alexian Bros Medical Center PO Box 14000 Belfast, ME 04915

Barrington OB GYN Assoc 27790 W Hwy 22,, Ste 32 Barrington, IL 60010

Blatt Hasenmiller Leibsker & Moore 125 S Wacker Dr Ste 400 Chicago, IL 60606

Cardiovascular Associates at ABHVI 900 Frontage Rd Ste 325 Woodridge, IL 60517

Chase Card Services Correspondence Dept Po Box 15298 Wilmington, DE 19850

Client Services Inc 3451 Harry S Truman Blvd Saint Charles, MO 63301

Com Ed P.O. Box 6111 Carol Stream, IL 60197

Comcast PO Box 3002 Southeastern, PA 19398

Credit Collection Services Two Wells Ave Newton Center, MA 02459 Directv, LLC PO Box 51178 Los Angeles, CA 90051

Escallate, LLC PO Box 645425 Cincinnati, OH 45264

Franks Gerkin and McKenna 19333 E Grant Hwy PO Box 5 Marengo, IL 60152

IL Sportsmedicine & Ortho Center 1714 Milwaukee Ave Glenview, IL 60025

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Jefferson Capital Systems, LLC Po Box 1999 Saint Cloud, MN 56302

Josephine Pidone 1006 River Terrace Dr McHenry, IL 60051

Kohl's Department Stores Inc. PO Box 3115 Milwaukee, WI 53201

Malcolm S. Gerald & Associates Inc 332 S. Michigan Ave Suite 600 Chicago, IL 60604

Mercy Health Systems PO Box 8188 Janesville, WI 53547-8188

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108 Municipal Collection Services, Inc PO Box 327 Palos Heights, IL 60463

Nationwide Credit, Inc. PO Box 26314 Lehigh Valley, PA 18002

Nicor Gas PO Box 190 Aurora, IL 60507

Northrop Grumman Fcu Po Box 47009 Gardena, CA 90247

Portfolio Recovery Associates LLC PO Box 12914 Norfolk, VA 23541

Quest Diagnostics P.O. Box 809403 Chicago, IL 60680-9403

River Terrace Property Owners Assoc 920 W River Terrace Dr Johnsburg, IL 60051

Rms-recovery Managemen 4200 Cantera Dr Ste 211 Warrenville, IL 60555

Sunset Lawns, Inc 565 Dakota St Unit B Crystal Lake, IL 60012